MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 119 Primary Registration District No. 1002 Registrat's No.

-63-007034									
874 STATE FILE NUMBER									
ere deceased live	d. If institu	ion: J	lesidence	before					
, ь county .T.	ACKSON		admiss	ion)					
	TORTER ZIN		Inside '	Limits					
CTTY		Yes 🐮	No []						
(If outside, s		Reside o	n Farm						
WORNALL			Yes 📙	No 🚛					
TE Mor	nth T	Day:		ear					
TH 🙃		•		2.7					
E (last birthday)	7-1963	YEAR	IF UND	R 24 MD					
	Months D	ays	Hours	Min.					
state or country)	12. CITIZEI	N OF V	L VHAT CO	UNTRY					
	1								
y Mo 14. NAME OF F	USBAND OR	WIFE							
Fred Her									
319 East	datass	<u> </u>							
<u> </u>	C. Mo	INT	ERVAL BE	TWEEN					
with		ON	ei Viúd	DEATH					
wan_		t							
•									
		t							
te.]							
minal PART I	II. If decea	red v	was fem	ale wa					
. 4	there a pi	egnan	cy in last	90 days					
·oui		□ N		Unknow					
eture of injury in	PART I or PA	RTII	of item 11	J.)					
	-								
ON	COUNTY			TATE					
w her alive on	71.	7, 19	63						
her alive on e best of my know	J Jr 7	_							
- Dear Or my know		the cau	uses state						
- Dear Or my know		the cau	uses state	SIGNE					
- Dear Or my know	aura li	the car	uses state	SIGNED					

DO NOT WRITE ON THIS STUB		A	LENDED	•		ILED FEB	3 2 6 19 63						• • •			
	1	. 1	1 1		70-	NACE OF DEATH					2. USUAL RESI			ed. If instit	ution: Re	
VS 300	Š	9			۱		KSON				a. STATE MI	SSOURI	P. COUNTA	ACKSON		admission)
Rev. 4/59	1				1	OR	rporate limits, give TOW	ISHIP only)	Lengt	h of stay in 1b	c. CITY	-				Inside Limits
,	AACAIDE	٤			1		SAS CITY			20 yrs.	OR TOWN	KANSAS			1	Yes 🐮 No 🗌
				1	1	HOSPITAL OR	NOT in hospital, give loc	ation)	·	Inside Limits	d. STREET ADDRESS			give location	-	Reside on Farm
239 382	DATE	5	\coprod	_	! —	INSTITUTION ST	MARY'S HOS	PITAL ·		Yes 🖟 No 🗆	<u> </u>	7842 W	ORNALL			Yes No p
3			$ \cdot $		3.	NAME OF DECEASED (Type or print)	****		Middle		, Last	4. DATE OF		inth	Day	Year
4 ,					ا	454	SARAH		GRAC		<u>SMITH</u>	DEATH	2	-7-196		
	- 1				I _	SEX.	6. COLOR OR RACE	7. Married Widowe	_	ver Married [] Divorced []	8. DATE OF BIRT		(last birthday)	Months	1 YEAR Days	Hours Min.
5 2						EMALE . USUAL OCCUPATION	WHITE	1	×	_	17-25-789 Y 11. BIRTHPLAC	E (City and sta	7] le or country)	12. CITIZI	EN OF W	HAT COUNTRY
6	S.				1	during most of working	ng life, even if retired)	l _ "						l		COUNTRY
7 0	<u>§</u>			1	13a.	Manager FATHER'S NAME	 ,			<u>il Store</u> s maiden nami		County	4. NAME OF	HUSBAND OF	R WIFE	
• 0					·π	homas Henry	Cov	- 1	vid a a ^ ·	oria Jane	o Mormi -		Fred He			
8 2 1	ωĺ				15.	WAS DECEASED EVER	IN U.S. ARMED FORCES		SOCIAL	SECURITY NO.	17. INFORMANT		319 Eas			
9174 X	∀					no	yes, give war or dates			0	Mr. Car	1 Smith	/17 14S	к <u>с</u> м	 1⊖λ	
	AR			Z	$I \top$	18. CAUSE OF DEATH	(Enter only one cause of DEATH WAS CAUSED BY	r			, 1	•	٠۵	**************************************	INTE	RVAL BETWEEN ET AND DEATH
		,		JME	1	•	IMMEDIATE CAUSE (А	mon	na 9 7	henter	ue.	urth			
1.1				DOCUMENT		,	·		-	- A	+ 4	,		-		<u>. </u>
407 .	HIS REC	1		ŏ	1		ons, if any, DUE TO	ы <u>деш</u>	بعلام	zed m	ularka	us .				
	S Z	3	11		1	, above c	cause (a), } the under-		•	-		Ÿ				
13		+	77	-\ \	_ :	lying co	ause 'last. j' DUE TO				<u> </u>					
	ő				힐	PART II.	. OTHER SIGNIFICANT (disease condition given	in PART I	CONTRIBU	TING TO DEATI	H but not related	to the termin	nal J.PART		pregnanc	as female was y in last 90 days.
	SIZ		11.		₫.	•	4.	uteste	mil	obelu	chon &	lneum	mile	☐ Yes	□ No	□ Unknown
ļ	¥,				CERTIF	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT SUICII		E 201	DESCRIBE HO	W INJURY OCCURR	RED. (Enter net)	re of injury is	PART I or P	ART II o	f.:item (18.)
	AMENDMENTS			1.5		YES NO P									. <u>.</u>	
Z	Š				EDICA	20c. TIME OF Hour a.m.	Month, Day, Year							-		
RIBBON		-		1	₹ .	p.m. 20d. INJURY OCCURRE	in land black	E OF INJURY (B.G. "in or	about home 12	20f. CITY, TOWN,	OR LOCATION	<u> </u>	COUNTY		STATE
				3	ರ	WHILE AT WORK NOT WHILE AT W	farm,	factory, street,	office blo	ig., etc.)	-on one comme	Sir Spenifor				
A K K	DEAD	{		4	um01		1100	2: 10	(P)	. 4.1	7 1963	and last saw	ier	7.1.	7.19	63
B			1		[3]	21. I attended the dec	1	z., 1 .	10 d	, 10 FMP.	e date stated above	-		•		
USE		1 5			# -	Death occurred at	1			n on the	· · · · · · · · · · · · · · · · · · ·	e, and to the t	- HIY KIR	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22c. DATE SIGNED
USE BLACK OR TYPEWRITER	CHO	2		Ö	ر ا	22a. SIGNATURE	10 .8	gree or title)	2	1.	22b. ADDRESS	Line B	el h	Au	TA	4.Lai
i -	2	1	$\perp \perp$	AFFIDAVIT	₩.	BURIAL, CREMATION,	23b. DATE	23c. NA	ME OF CE	METERY-OR CRE	MATORY		ION City, tov	vn, or county	V M	(State)
İ	2	į	[, <u>Ş</u>	١ <u>٢</u>	REMOVAL (Specify)	2-9-1963			Cemeter	•	•	m. Mis		•	
	FAA				721.	FUNERAL DIRECTOR		DRESS			E RECD. BY LOCAL	REG. 26.	REGISTRAR'S	IGNATURE	~	
,	Ī	=		β	1	Wornall H	Funeral Home	Inc. K.	C. Mc	. 2-	-8-63		<u>U</u> ~	th		ong
		•					- 125-4	(1	.icensed Er	nbalmer(s Statem	nent on Reverse Sid	ie)				0

STATEMENT BY LICENSED EMBALMER

	hereby cer	tify that	the body w	vhose name	is recorded on the I	reverse side of this certificate was embalmed by me			
working under my personal supervision.					1391				
Student_		Signature of	f Student Embe	imer	Signed	W.C. Rime			
						Licensed Embalmer No. 4879			
			•		•	P. O. Address Jr.C. Me.			

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.